



February 26, 1998

Bernard Madoff  
Investment Security  
Attn: Frank Di Pascali  
885 Third Ave.  
New York, NY 10022-4834

RE: Retirement Accounts, Inc. FBO  
Peter Moskowitz A/C# Re 334-1  
Your A/C# 1-ZR135

Dear Mr. Di Pascali:

Please use this letter as your authorization to **REREREGISTER ALL SHARES** of the above named brokerage account as follows:

Retirement Accounts, Inc.  
FBO Peter Moskowitz  
A/C# Re 151-1  
PO Box 173785  
Denver, CO 80217-3785

Enclosed is our corporate resolution to facilitate this request. Please notify RAI once this transaction has been completed. If you have any questions, please contact a Customer Service Representative at 1-800-325-4352. Thank you for your assistance in this matter.

Sincerely,

Retirement Accounts, Inc.

Authorized Signor

## Roth IRA Conversion/Combined IRA Worksheet

4/3

Name: Peter Moskowitz  
Redacted  
Social Security Account #: 4151  
Additional IRA Account #: 4334  
Redacted

### With Accounts Representative:

Received Completed Roth IRA Application Yes No Date Called \_\_\_\_\_ \*  
Received Completed Conversion/Rollover Form Yes No Date Called \_\_\_\_\_ \*  
Received Completed Distribution Form Yes No Date Called \_\_\_\_\_ \*

Person called and resolution: \_\_\_\_\_

Contributory IRA (RT) Conversion IRA (RV) Combined IRA (RB) {Circle One}

Added Participant Note: "ROTH IRA" {Check once completed}

Received Establishment and Administration Fees Yes No Assessed Called

Contribution Posted to Account Yes No

### Distributions Representative:

Completed Distribution on Traditional IRA  
Whole Plan or Partial Term?

- Yes

- No

DIST - I told client that only pg 1 & 3 of dist form is okay.  
Please process.

HA

Waive Term Fees:  
DC money out of Traditional IRA  
RO money to Roth IRA  
AD assets from Traditional IRA  
RO assets into Roth IRA

You may wish to attach a screen print of the assets affected. Also, you must inform the Securities Processing Representative if there are certificates that must be re-registered.

### Transfer-In Representative:

Add Transfer-In Coversheet  
Order AIM Letters to re-register assets  
Type manual rereg letters  
Follow Up

Yes       No  
 Yes       No  
 Yes       No  
 Yes       No  
 Yes       No

Mailed \_\_\_\_\_  
Mailed 3/4

4/3  
Bernard L. Madoff  
5309 1-ZR135 885 Third AV  
New York NY  
10022-4834

Miscellaneous Notes:

Redacted

Leonard Madoff

ROTH

**FIRST TRUST**A  Company

First Trust Corporation  
 717 17th Street, Suite 1700  
 Denver, Colorado 80202-3323  
 303-293-2223

Please direct this form to:  
 Account Service Team E  
 P.O. Box 173801  
 Denver, CO 80217-3801

# IRA Distribution Request

**I. Participant Information** (please type or print):

First Trust Account # Redacted 8001  
 Name Peter Moskowitz  
 Residence Address (not a P.O. Box) Redacted  
 City/State/Zip \_\_\_\_\_  
 Check here if this is a Change of Address  
 Daytime Phone Redacted  
 Date of Birth \_\_\_\_\_  
 Social Security Number Redacted 2200

First Trust Corporation, as Trustee of my Individual Retirement Account, is requested to make payment(s) to me, the above-named Participant, as follows. I understand that termination fees may apply as explained in Section VIII.

(One choice from each applicable Section must be checked. If you have questions about this form, please contact First Trust's Account Service Team E.)

**II. Reason For Distribution** (choose one):

I understand that the IRS may impose a 10% premature distribution penalty tax on this distribution if I am under age 59½ unless I have become disabled as defined below or unless I qualify under Section II.C., F.or G. below.

- A.** I am over age 59½ (and no other reason applies).  
*[If this request is meant to satisfy a required minimum distribution, please complete the Information Concerning Required Minimum Distributions on pg. 3.]*
- B.** I am under age 59½ (and no other reason applies).
- C.** This distribution is intended to qualify as a "substantially equal" payment under Section 72(t) of the Internal Revenue Code. *(It is the Participant's responsibility to determine the annual amount required.)*
- D.** I have become disabled as defined in Section 72(m) of the Internal Revenue Code. I have attached First Trust's "Acknowledgment of Disability" form.
- E.** I wish to have a recent contribution removed or corrected.  
*(Please complete "Removal/Correction of Contribution" on pg. 2.)*
- F.** I intend to use this distribution to pay for medical expenses that are in excess of 7.5% of my adjusted gross income.
- G.** I intend to use this distribution to pay for health insurance premiums as permitted to unemployed individuals under IRS Code Section 72(t)(2)(D).

**III. Payment Amount(s)**

(choose A or B and complete applicable blanks):

 **A. Single Payment:**

I wish to withdraw Total Account from my account. (Fill in dollar amount or write "total account" or "200 Shares of XYZ Stock," etc.)

 **B. Installment Payments:** If you are age 70½ or older, please read and complete the Information Concerning Minimum Distributions on pg. 3. Then complete items 2, 3 and 4. Otherwise, complete all information below.

1. Installment payments are a specified dollar amount or are based on a given payment period. I choose:

**a.** an amount of \$ \_\_\_\_\_ for each payment period.  
*(Specify exact amount or enter "all available cash.")*

**b.** a fixed period of \_\_\_\_\_ years.

2. The first payment should be deducted in the month of \_\_\_\_\_, 19 \_\_\_\_\_.  
 \_\_\_\_\_.

3. Please deduct and send my payments (choose one):

near the middle of the applicable month.  
 at the end of the applicable month.

4. Subsequent payments are to be paid (choose one):

annually  
 semiannually  
 quarterly  
 monthly

[Note: You, the Participant, must ensure that enough cash is available to make each payment when due. Payments will continue until you notify First Trust to the contrary.]

**IV. Asset Instructions**

I authorize the liquidation or reregistration of the following assets. I have contacted my Financial Representative to liquidate any broker-held assets (such as stocks and bonds) or any limited partnerships or other illiquid assets I choose to have sold. I understand that finding a buyer and arranging the terms of sale for any illiquid asset are my responsibility (with help from my Financial Representative) and that this is often a lengthy process which requires a First Trust "Secondary Market Authorization Form." I understand that there may also be reregistration or transfer fees assessed for this distribution. [Please call First Trust if you have questions about how to liquidate an asset. If no request for liquidation is made, assets will be reregistered into your name.]

(Refer to table on page 2.)

(Continued on next page.)

4-6-98



March 3, 1998

BERNARD MADOFF INV. SEC.  
885 THIRD AVENUE  
NEW YORK, NY 10022-4834

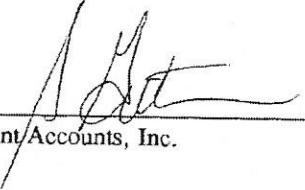
Re: Client: PETER MOSKOWITZ  
RAI Account # Redact .0001  
Fund Name: Brokerage Account  
Fund Account #: I-ZR135  
Current Registration: Retirement Accounts, Inc. TTEE FBO PETER MOSKOWITZ

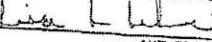
Enclosed is a stock power executed by Retirement Accounts, Inc. which authorizes you to REREGISTER in the title of and to TRANSFER all shares presently held in the above account to:

RETIREMENT ACCOUNTS INC.  
TTEE FBO PETER MOSKOWITZ  
P.O. BOX 173785  
DENVER, CO 80217-3785  
New Account # Redac .0001  
Tax ID: Redac4088

Please note that this investment is part of a tax sheltered retirement plan which is exempt from Federal income taxes and back-up withholding.

Sincerely,

  
\_\_\_\_\_  
Retirement Accounts, Inc.

SIGNATURE GUARANTEED  
MEDALLION GUARANTEED  
ASPEN INVESTMENT ALLIANCE, INC.  
  
\_\_\_\_\_  
(12) AUTHORIZED SIGNATURE  
COURTIES TRANSFER AGENTS MEDALLION PROGRAM<sup>SM</sup>  
SF

TO: Retirement Accounts, Inc.

The above reregistration and transfer was made on \_\_\_\_\_, as requested.

(Date)

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

RAI/TRANSFER.REG

3514

DELIVERING HIGH PERFORMANCE SERVICE TO SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNTS SINCE 1976  
P.O. Box 173785 • Denver, CO • 80217-3785  
303-294-5959 • 800-325-4352 • Fax 303-294-5899

AMF00108516

MWPTAP00934050



**RETIREMENT  
ACCOUNTS, INC.**

IRREVOCABLE STOCK OR BOND POWER

For value received, the undersigned does (do) hereby sell, assign and transfer to

RETIREMENT ACCOUNTS INC.  
TTEE FBO PETER MOSKOWITZ  
P.O. BOX 173785  
DENVER, CO 80127-3785

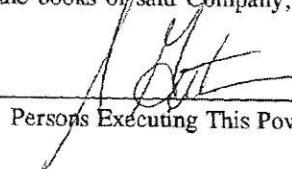
(Social Security or Taxpayer Identifying Number) Redac 4088  
ted

IF STOCK ) ALL shares of the capital stock HELD IN THE BROKERAGE ACCOUNT fund represented by  
COMPLETE) Certificate(s) No(s) \_\_\_\_\_ inclusive standing in the name of the undersigned  
THIS ) on the books of said Company.  
PORTION )

IF BONDS ) \_\_\_\_\_ bonds of \_\_\_\_\_ in the principal amount of \$ \_\_\_\_\_ COMPLETE)  
No(s) \_\_\_\_\_ inclusive standing in the name of the undersigned  
THIS ) on the books of said Company.  
PORTION )

The undersigned does (do) hereby irrevocably constitute and appoint \_\_\_\_\_ attorney to transfer the  
said stock or bond(s), as the case may be, on the books of said Company, with full power of substitution in the  
premises.

Dated \_\_\_\_\_

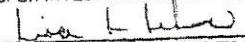
  
Persons Executing This Power Sign Here

**IMPORTANT**

The signature(s) to this power must correspond with the name(s) as written upon the face of the certificate(s) or bond(s)  
in every particular without alteration.

Retirement Accounts, Inc.  
TTEE FBO PETER MOSKOWITZ  
Account # Redacte 0001

SIGNATURE GUARANTEED  
MEDALLION GUARANTEED  
ASPEN INVESTMENT ALLIANCE, INC.

  
AUTHORIZED SIGNATURE  
(12) D 9 0 0 4 6 2 0  
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM SF

Dated: March 3, 1998

\_\_\_\_\_  
Signature Guaranteed  
Retirement Accounts, Inc.

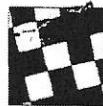
R&I/TRANSFER REG

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DELIVERING HIGH PERFORMANCE SERVICE TO SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNTS SINCE 1976  
P.O. Box 173785 • Denver, CO • 80217-3785  
303-294-5959 • 800-325-4352 • Fax 303-294-5699

AMF00108517

MWPTAP00934051



**RETIREMENT  
ACCOUNTS, INC.**

February 26, 1998

Bernard Madoff  
Investment Security  
Attn: Frank Di Pascali  
885 Third Ave.  
New York, NY 10022-4834

RE: Retirement Accounts, Inc. FBO  
Peter Moskowitz A/C# Re 334-1  
Your A/C# 1-ZR135

Dear Mr. Di Pascali:

Please use this letter as your authorization to **REREISTER ALL SHARES** of the above named brokerage account as follows:

Retirement Accounts, Inc.  
FBO Peter Moskowitz  
A/C# Red 151-1 — NEW  
PO Box 173785  
Denver, CO 80217-3785

Enclosed is our corporate resolution to facilitate this request. Please notify RAI once this transaction has been completed. If you have any questions, please contact a Customer Service Representative at 1-800-325-4352. Thank you for your assistance in this matter.

Sincerely,

Retirement Accounts, Inc.

Authorized Signor

SIGNATURE GUARANTEED  
MEDALLION GUARANTEED  
ASPEN INVESTMENT ALLIANCE, INC.  
*Lisa L. Lee*  
AUTHORIZED SIGNATURE  
D 9 0 0 4 6 2 0  
(12) SECURITIES TRANSFER AGENTS MEDALLION PROGRAM®  
SR

DELIVERING HIGH PERFORMANCE SERVICE TO SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNTS SINCE 1976  
P.O. Box 173785 ■ Denver, CO ■ 80217-3785  
303-294-5959 ■ 800-325-4352 ■ Fax 303-294-5899

AMF00108518

MWPTAP00934052

Retirement Accounts, Inc.  
CERTIFICATE OF RESOLUTION

I hereby certify that a meeting of the Board of Directors of The Affinity Group, Inc., a corporation organized and existing under and by virtue of the laws of the State of Colorado was held by consent on the 8th day of January, 1998, at which a quorum was present and acting throughout, the following resolution was adopted and is in full force and effect.

"RESOLVED, That pursuant to a Corporate Services Agreement between Retirement Accounts, Inc. and The Affinity Group, Inc. any of the following: Mark W. Massa, President; Cathy Vidikan, Director, Stephanie Gutierrez, Supervisor, Greg Cimburek, Supervisor, Gary Flander, Director, Victor A. Musielak, Jr., Manager, Lisa L. Lehnus, Managing Director, Colleen Devine, Manager, Dwight Groeneveit, Associate, Robert Nagle, Supervisor, Jane Hanchett, Supervisor, Jeanine R. Burley, Sr. Valuation Specialist, Jan Schmick, Supervisor, M. Duanyelle West, Senior Customer Service Representative; Annette Banes, Supervisor, Cheryl L. Martin, Senior Billing Specialist, Bradley C. Grippin, Cost Accountant, are hereby authorized and empowered to transfer, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, proxies, deeds of trust, promissory notes, certificates of deposit and any other securities or financial instruments now or hereafter standing in the name of or owned in trust or custodial capacity by Retirement Accounts, Inc., to make, execute, and deliver any and all written instruments necessary or proper to effectuate the authority hereby conferred."

I further certify that the authority conferred above is not inconsistent with the Charter or By-laws of the Corporation and that the following is a true and correct list of the Officers of this Corporation as of this date:

Mark W. Massa	President
Lisa L. Lehnus	Secretary
Gordon G. Rockafellow	Vice President
Martha J. Moe	Vice President
Jacqueline K. Freudenstein	Vice President
Brad J. Newman	Assistant Secretary / Assistant Treasurer
Edward P. Alberts	Assistant Secretary
Nancy H. Wedelstaedt	Assistant Secretary

ATTEST

Lisa L. Lehnus  
Secretary - Lisa L. Lehnus

I hereby certify that the above resolution is in full force and effect this \_\_\_\_\_ day of FER 18 1998, 1998, and that the signatures below are true and accurate signatures of the persons authorized to sign securities on behalf of The Affinity Group, Inc.

(SEAL)

Mark W. Massa  
Mark W. Massa

Stephanie Gutierrez  
Stephanie Gutierrez

Gary Flander  
Gary Flander

Lisa L. Lehnus  
Lisa L. Lehnus

Dwight Groeneveit  
Dwight Groeneveit

Jeanine R. Burley  
Jeanine R. Burley

Jane Hanchett  
Jane Hanchett

Jan Schmick M. Duanyelle West  
Jan Schmick M. Duanyelle West

Brad J. Newman  
Asst. Secretary / Asst. Treasurer - Brad J. Newman

Cathy Vidikan  
Cathy Vidikan

Greg Cimburek  
Greg Cimburek

Victor A. Musielak, Jr.  
Victor A. Musielak, Jr.

Colleen Devine  
Colleen Devine

Bradley C. Grippin  
Bradley C. Grippin

Robert Nagle  
Robert Nagle

Cheryl L. Martin  
Cheryl L. Martin

Annette Banes  
Annette Banes

AMF00108519

MWPTAP00934053

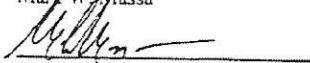
### APPOINTMENT OF ATTORNEYS

WHEREAS, the undersigned Mark W. Massa, Martha J. Moe, and Lisa L. Lehnus entered into an agreement on September 25, 1996, which formed a partnership designated as "Retirement Accounts & Co.," and

WHEREAS, Paragraph 8 of said partnership agreement reserves to the partners a power to appoint an attorney or attorneys who are authorized by such appointment to sign the firm name,

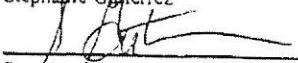
NOW, THEREFORE, the undersigned partners hereby name, constitute and appoint attorneys, individually or jointly, the following officers or employees of The Affinity Group, Inc., who shall be authorized, unless or until this appointment be revoked or modified, to sign the partnership name in respect of securities and other retirement plan assets transferred in the name of "Retirement Accounts & Co."

Mark W. Massa



Sample of Signature

Stephanie Gutierrez



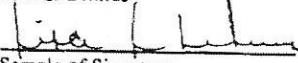
Sample of Signature

Gary Flander



Sample of Signature

Lisa L. Lehnus



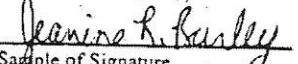
Sample of Signature

Dwight Groenewelt



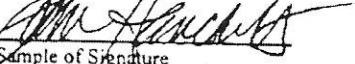
Sample of Signature

Jeanine R. Burley



Sample of Signature

Jane Hanchett



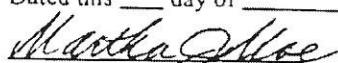
Sample of Signature

Jan Schmick



Sample of Signature

Dated this \_\_\_\_ day of \_\_\_\_\_, 1998.



Martha J. Moe



Lisa L. Lehnus

Mark W. Massa

AMF00108520

MWPTAP00934054